

**STATE OF FLORIDA
BOARD OF MASSAGE THERAPY**

**MESSAGE THERAPIST LICENSURE APPLICATION
WITH INSTRUCTIONS**



**Board of Massage Therapy
4052 Bald Cypress Way, Bin # C-06
Tallahassee, FL 32399-3256
(850) 488-0595**

WWW.FLHEALTHSOURCE.COM

September 2012 Edition

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u u u u u u u u u u u u u **ATTENTION** u u u u u u u u u u u u u u u u

- Please retain the application instructions for your records. Do not send them to the Board Office with your application.
- Make a copy of everything you send to the Board Office including the application. Documents submitted to the Board Office cannot be returned to applicants.
- Read all instructions thoroughly before completing the application. Most questions will be answered by reading the enclosed instructions, application, and supplemental documentation forms.
- Failure to send in required documents may result in the delay of your application processing.
- Mail the completed ORIGINAL application and cashier's check or money order made out to the Florida Department of Health at the address noted in the instructions.

SECTION I: GENERAL INFORMATION / INSTRUCTIONS

A. APPLICATIONS SENT TO THE BOARD FOR REVIEW

Certain applicant's files may need to be reviewed by the Board before a determination of licensure can be made. An application may be reviewed for a variety of reasons, such as (but not limited to):

- Criminal Convictions
- Previous Discipline
- Previous appearance before a licensing board or regulatory agency
- Drug/alcohol addiction/impairment
- Discrepancies in application information/materials
- Participation in an impaired practitioner program
- Other reasons as deemed necessary by the Board

The scenarios listed above are not automatically referred to the Board. The Board, not office staff, determines the necessity of a review. An applicant's file may be sent to the Board for review. If so, you will be notified in writing of the date, time and place of the meeting.

Board meeting dates are posted on the Board's website located at <http://www.floridahealth.gov/licensing-and-regulation/massage-therapy/meetings/index.html>. The deadline for submission of items to the Board is five (5) weeks prior to the date of the meeting

It is very important that you understand the importance of these deadlines. Please refrain from making any commitments or accepting positions to practice massage therapy in Florida, as exceptions and/or special accommodations cannot be made.

B. APPLICATION BY ENDORSEMENT VS. APPLICATION BY EXAM: WHICH IS RIGHT FOR ME?

To learn about the differences between the two available methods by which Florida Massage Therapist licenses are granted, please visit our website. Here you can find the specific requirements for each application method and determine which one is right for you:

<http://www.floridahealth.gov/licensing-and-regulation/massage-therapy/index.html>

Please note - city, county or other municipality licenses or registrations do not qualify for endorsement.

C. APPLICATION FEE

Make cashiers check or money order payable to the Department of Health

Initial Licensure: **\$155.00** (\$50 non-refundable application fee, \$100 initial license fee & \$5.00 Combat Unlicensed Activity fee)

D. MAILING INFORMATION

The original application and any documents you wish to include with the application, accompanied by the applicable fee should be addressed to the following:

**Department of Health
Payment Management
P.O. Box 6330
Tallahassee, FL 32314**

Use of the above address will ensure receipt of the application and fee(s).

Any additional documentation (not included with the application), sent either by the applicant or by any other source on your behalf, should be mailed to the following address:

**Board of Massage Therapy
4052 Bald Cypress Way, BIN #C-06
Tallahassee, FL 32399-3256**

E. REQUIRED DOCUMENTATION

No application will be considered complete until the following documentation has been received in the Board office:

Application: A completed application, with all questions answered.

Transcript: An official transcript sent directly from a Florida Board approved Massage Therapy School or completion of a Florida Board Approved Apprenticeship program. If you did not attend a Florida Board Approved Massage Therapy School, the school must be approved by the equivalent State licensing agency or State Department of Education in which it is located.

Medical Errors, HIV/AIDS, and Florida Laws & Rules: Completion of a Board approved two (2) hour medical error prevention course, a three (3) hour HIV/AIDS course, and a ten (10) hour Florida Laws and Rules course. The above courses may be completed at a Board approved massage therapy school or through a Board approved continuing education provider at www.CEBroker.com.

Exam Score: The board accepts the following exams:

- ☐ The National Certification Board for Therapeutic Massage and Bodywork examination (NCBTMB)
- ☐ The National Certification Exam for Therapeutic Massage (NCETM)
- ☐ National Exam for State Licensure (NESL) administered by NCBTMB
- ☐ The Massage and Bodywork Licensing Examination (MBLEx) administered by the Federation of State Massage Therapy Boards

Please contact the administrator of the examination to request an official score report be sent directly to the Board office.

Military Documentation: If you have ever been sanctioned by the military or received a dishonorable discharge, you must also submit a letter explaining the sanction and documentation from the military regarding the sanction and any action taken as a result.

License Verification: You must also request an official license verification(s) to be submitted to the Board directly from all State licensing boards in which you hold, or have held **any health related professional license**. The official licensure verification must state the following:

- ❑ Current status
- ❑ Method of licensure (exam or endorsement)
- ❑ Date of original licensure
- ❑ Any discipline; if license has been disciplined you must submit a self-explanation and all relevant disciplinary documentation.

Criminal History Documentation: If you answered yes to any of the criminal history questions on the application you will need to send in the following for each offense:

- ❑ Self-explanation: A brief, legible explanation of the events and what you are doing to ensure they do not occur again
- ❑ Arrest Documentation: Must include the arrest date and arresting charge. This may be obtained from the clerk of court in the county the offense occurred.
- ❑ Final Disposition: Court disposition and proof of successful completion of sentencing, if applicable. This may be obtained from the clerk of court in the county the offense occurred.
- ❑ Letters of Recommendation: 3-5 professional letters of recommendation.

Health History Documentation: If you answered yes to any of the health history questions on the application you will need to send in the following:

- ❑ Self-explanation as described above in the criminal history section
- ❑ Letter from your physician(s) or other health care worker stating your current status and ability to practice massage therapy

F. REGARDING PRIOR CRIMINAL HISTORY AND DISCIPLINARY ACTIONS

The Florida Board of Massage Therapy receives numerous questions from applicants regarding prior criminal offenses. The following are the most frequently asked questions:

Question: *How long will it take to process my application?*

Answer: Our goal is to process non-problematic applications within 21 days of our office receiving the application. However, because you have a criminal history it may take a bit longer to review your application. We will mail a letter to you within 30 days of us receiving your application.

Question: *What crimes or license discipline must be reported on the application?*

Answer: All convictions, adjudication withhelds, guilty pleas and nolo contendere pleas must be reported, except for minor traffic violations not related to the use of drugs or alcohol. This includes all misdemeanors and felonies, "driving while intoxicated (DWI)" and "driving under the influence (DUI)." Crimes must be reported even if they are a suspended sentence. All prior or current disciplinary action against another professional license must be reported, whether it occurred in Florida or in another state or territory.

Question: *Can a person obtain a license if they have a misdemeanor or felony crime on their record?*

Answer: Each application is evaluated on a case-by-case basis. The Board of Massage therapy considers the nature, severity, and recency of offenses, rehabilitation and other factors. The Board cannot make a determination for approval or denial of licensure without evaluating the entire application and supporting documentation.

Question: *Do I have to report charges if I completed a period of probation and the charges were closed?*

Answer: Yes. Offenses must be reported to the Board even if you received a suspended sentence and the record is now considered closed.

Question: *Do I have to report charges if I completed a period of probation and the charges were dismissed?*

Answer: No, if the charges were dismissed, nolle prosequi, or dropped the offense does not have to be reported. However, adjudication withheld is considered the same as a conviction for the purposes of licensure.

Applicants with previous arrest or disciplinary action on a license will not be authorized to practice massage therapy until all documentation is cleared by staff or reviewed by the Board.

APPLICATION FOR MASSAGE THERAPY LICENSURE

APPLICATIONS ARE PROCESSED IN DATE ORDER RECEIVED. **PLEASE TYPE OR PRINT IN BLUE OR BLACK INK**

**DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE
FLORIDA BOARD OF MASSAGE THERAPY**

**Post Office Box 6330
Tallahassee, FL 32314
(850) 488-0595**

www.FLHealthSource.com

FAILURE TO SUBMIT FEES (SEE INSTRUCTIONS), TO COMPLETE THIS APPLICATION, OR TO ATTACH ANY REQUIRED DOCUMENTATION WILL RESULT IN AN INCOMPLETE APPLICATION. YOUR APPLICATION WILL NOT BE CONSIDERED FOR APPROVAL UNTIL IT IS COMPLETE.

PLEASE INDICATE WHICH METHOD YOU ARE APPLYING BY:

Massage Therapist by Exam (X1021) ☐ **\$155.00**
Massage Therapist by Endorsement (X1022) ☐ **\$155.00**

1. PERSONAL INFORMATION

NAME: Last/Surname _____ First _____ Middle _____

DATE OF BIRTH (M/D/Y) _____

MAILING ADDRESS: _____ Suite/Apt. No. _____

City _____ State _____ Zip _____ Country _____

PHYSICAL LOCATION: _____ Suite/Apt. No. _____

☐ Same as mailing address

City _____ State _____ Zip _____ Country _____

HOME TELEPHONE: _____ **WORK TELEPHONE:** _____

E-MAIL ADDRESS: _____ (optional)

EQUAL OPPORTUNITY DATA:

We are required to ask that you furnish the following information as part of your voluntary compliance with Section 2, Uniform Guidelines on Employee Selection Procedure (1978) 43 CFR38296 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.

SEX: ☐ Male ☐ Female RACE: ☐ White ☐ Black ☐ Asian/Pacific Islander ☐ Hispanic ☐ Other _____

NAME _____

2. MESSAGE THERAPY EDUCATION HISTORY

A. MESSAGE THERAPY SCHOOL ATTENDED: _____

Address _____

City _____ State _____ Zip _____ Country _____

B. Date Graduated or Anticipated Graduation _____

C. ADDITIONAL MESSAGE THERAPY PROGRAM ATTENDED:

D. Date Graduated or Anticipated Graduation _____

3. APPLICANT BACKGROUND

Attach additional sheets, if necessary

A. List any other name(s) by which you have been known in the past.

B. What name(s) did you use when you received your massage therapy education?

C. What name did you use when you were first licensed? (If you have ever been licensed before):

D. List all health related licenses you have ever held (**active, inactive or lapsed**). Submit a License Verification Form to all states where you have ever held licensure. (ATTACH ADDITIONAL SHEET, IF NECESSARY)

<u>State/Country</u>	<u>Profession</u>	<u>License No.</u>	<u>Date Of Licensure</u>
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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4. MANDATORY EDUCATION REQUIREMENT

Completion of a two (2) hour course on Prevention of Medical Errors, a ten (10) hour course on Florida Laws and Rules and a three (3) hour course on HIV/AIDS is required prior to licensure. These courses must be from an approved Florida Board of Massage Therapy provider or massage school.

I attest I have completed the required courses listed above. ☐ Yes ☐ No

If you checked NO, please submit your course certificates to the Board office upon completion.

5. DISCIPLINARY HISTORY

Attach additional sheets, if necessary

If you answer YES, you are required to send a letter in your own words describing in detail the circumstances surrounding any disciplinary history and request the licensing state send directly to the board office all official disciplinary documentation. **Your application will not be considered complete until these records are received.**

A. ☐ Yes ☐ No Have you ever been denied or is there now any proceeding to deny your application for any healthcare license to practice in Florida or any other state, jurisdiction or country?

B. ☐ Yes ☐ No Have you ever had disciplinary action taken against your license to practice any healthcare related profession by the licensing authority in Florida or in any other state, jurisdiction or country?

NAME _____

C. ☐ Yes ☐ No Have you ever surrendered a license to practice any healthcare related profession in Florida or in any other state, jurisdiction or country while any such disciplinary charges were pending against you?

D. ☐ Yes ☐ No Do you have any disciplinary action pending against your license?

6. CRIMINAL HISTORY (Review Questions & Answers section in instructions)

A. ☐ Yes ☐ No Have you **EVER** been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if adjudication was withheld. **Driving under the influence (DUI) or driving while impaired (DWI) is not a minor traffic offense for purposes of this question.**

B. ☐ Yes ☐ No Have charges ever been brought against you by any branch of the United States Armed Services

7. SECTION 456.0635(2), FLORIDA STATUTES

Applicants for licensure, certification or registration and candidates for examination may be excluded from licensure, certification or registration if their felony conviction falls into certain timeframes as established in Section 456.0635(2), Florida Statutes. If you answer YES to any of the following questions, please provide a written explanation for each question including the county and state of each termination or conviction, date of each termination or conviction, and copies of supporting documentation to the address below. Supporting documentation includes court dispositions or agency orders where applicable.

7.1. ☐ Yes ☐ No (a.) Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction? (If you responded "no", skip to #7.2.)

☐ Yes ☐ No (b.) If "yes" to 7.1.a., have you successfully completed a drug court program for a felony offense that resulted in the plea being withdrawn or charges dismissed? (If "yes", please provide supporting documentation.)

☐ Yes ☐ No (c.) If "yes" to 7.1.a., for felonies of the first or second degree, has it been more than 15 years before the date of application?

☐ Yes ☐ No (d.) If "yes" to 7.1.a., for felonies of the third degree, has it been more than 10 years before the date of application, except for felonies of the third degree under Section 893.13(6), Florida Statutes?

☐ Yes ☐ No (e.) If "yes" to 7.1.a., for felonies of the third degree under Section 893.13(6)(a), Florida Statutes, has it been more than 5 years before the date of application?

7.2. ☐ Yes ☐ No (a.) Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)?

NAME _____

☐ Yes ☐ No (b.) If "yes" to 7.2.a., has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended?

7.3. ☐ Yes ☐ No (a.) Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? (If "No", do not answer 7.3b.)

☐ Yes ☐ No (b.) If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?

7.4. ☐ Yes ☐ No (a.) Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid Program? (If "No", do not answer 7.4b or 7.4c.)

☐ Yes ☐ No (b.) Have you been in good standing with a state Medicaid program for the most recent five years?

☐ Yes ☐ No (c.) Did the termination occur at least 20 years before the date of this application?

7.5. ☐ Yes ☐ No Are you currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities?

7.6. ☐ Yes ☐ No On or before July 1, 2009, were you enrolled in an educational or training program in the profession in which you are seeking licensure that was recognized by the Board of Massage Therapy or Department of Health? (If "yes", please provide official documentation verifying your enrollment status.)

8. EXAMINATION HISTORY

A. ☐ YES ☐ NO Have you passed an exam to be licensed as a massage therapist?

B. If YES, check the exam you passed and enter the jurisdiction (state/territory) and the month/year for which the examination was taken.

<u>Name of Examination</u>	<u>State/Country</u>	<u>Month/Year</u>
<input type="checkbox"/> NCBTMB	_____	_____
<input type="checkbox"/> NCETM	_____	_____
<input type="checkbox"/> NESL	_____	_____
<input type="checkbox"/> MBLEX	_____	_____

9. ADDITIONAL INFORMATION

☐ Yes ☐ No **Availability for Disaster:** Will you be available to provide health care services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disaster?

**Florida Department of Health
Board of Massage Therapy**

10. HEALTH HISTORY (Supporting documentation should be sent directly to the Board Office)

If you answer YES, you are required to send a letter explaining the medical condition(s) or occurrence(s) and current status; letter(s) from licensed professional summarizing diagnosis, treatment and prognosis; or any other official documentation as it relates to any "yes" answer. Documentation should be current within the last year.

- A. ☐ Yes ☐ No In the last five years, have you been enrolled in, required to enter into, or participated in any drug or alcohol recovery program or impaired practitioner program for treatment of drug or alcohol abuse that occurred within the past five years?
- B. ☐ Yes ☐ No In the last five years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental disorder or impairment?
- C. ☐ Yes ☐ No During the last five years, have you been treated for or had a recurrence of a diagnosed mental disorder that has impaired your ability to practice massage therapy within the past five years?
- D. ☐ Yes ☐ No During the last five years, have you been treated for or had a recurrence of a diagnosed physical disorder that has impaired your ability to practice massage therapy?
- E. ☐ Yes ☐ No In the last five years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol/drug) disorder or, if you were previously in such a program, did you suffer a relapse within the last five years?
- F. ☐ Yes ☐ No During the last five years, have you been treated for or had a recurrence of a diagnosed substance-related (alcohol/drug) disorder that has impaired your ability to practice massage therapy within the past five years?

Name: _____
Last First Middle

Social Security Number: _____

* This page is exempt from public records disclosure. The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USCA § 666 (a)(13). For all professions regulated under Chapter 456, Florida Statutes, the collection of Social Security Numbers is required by section 456.013 (1)(a), Florida Statutes.

NAME _____

I understand that it is my duty and responsibility as an applicant for licensure to supplement my application after it has been submitted if and when any material change in circumstances or conditions occur which might affect the Board's decision concerning my eligibility for examination or licensure. Such supplement is required by section 456.013(1), F.S. Failure to do so may result in disciplinary action by the Board including denial of licensure.

I have carefully read the questions in the foregoing application and have answered them completely, without reservation of any kind, and I declare that my answers and all statements made by me herein and in support of this application are true and correct. Should I furnish any false information on or in support of this application, I understand that such action shall constitute cause for denial, suspension, or revocation of any license to practice in the state of Florida in the profession for which I am applying. I hereby acknowledge that practice as a licensed Massage Therapist in Florida is governed by Chapters 456 and 480, F.S., and Rule Chapter 64B7, F.A.C. I understand that I am under a continuing obligation to understand and keep informed of any changes to Chapters 456 and 480, F.S., and Rule Chapter 64B7, F.A.C.

Applicant Signature: _____

Date Signed: _____

FLORIDA BOARD OF MASSAGE THERAPY LICENSE VERIFICATION REQUEST

After completion of this form, please forward this form to the licensing agency of each state by which you are now or have been licensed.

Applicant Name: _____ SSN: _____

Address: _____

Name original license was issued under: _____

License Number: _____ State: _____

I hereby authorize release of any information regarding my licensure status to the Florida Board of Massage Therapy.

Applicant Signature: _____ Date: _____

STATE LICENSING AGENCY

All verifications shall be completed in English and mailed or sent electronically directly from the state(s) or jurisdiction(s) and must include the following criteria:

- ☐ Typed on an official state form or letterhead
- ☐ Include an official Board seal
- ☐ Signature and title of state Board official

The following information must be included in all verifications:

- ☐ Licensee name
- ☐ License number
- ☐ State or jurisdiction of licensure
- ☐ Dates of issuance/expiration
- ☐ Licensure method; exam type or endorsement
- ☐ Licensure status
- ☐ Is license in good standing?
- ☐ Has this license ever been encumbered (denied, revoked, suspended surrendered, limited, placed on probation)?

Complete verifications must be mailed or sent electronically directly from the state licensure Board to:

**Florida Board of Massage Therapy
4052 Bald Cypress Way
Bin C-06
Tallahassee, FL 32399-3256**

**Fax (850) 412-2681
MQA.MassageTherapy@flhealth.gov**

CRIMINAL CONVICTION SELF EXPLANATION FORM

This form must be completed if you answer "YES" to any of the criminal history questions on the application. Please complete a separate form for EACH offense. Duplicate this form as necessary.

Name: _____

Social Security Number: _____

Level of Offense (Circle One): **Felony** **Misdemeanor**

Location of Occurrence: _____
City State

Date of Offense: _____ **Date of Sentencing:** _____

Offense Type (DUI, Battery, Prostitution, etc.): _____

Explanation/details surrounding the offense: What happened? What changes have you made? Attach additional sheets as necessary.

Sentencing Information: Please list the details of your sentencing (I.e.: probation, jail time, fines/costs, programs completed, etc.)

Current Disposition: Please list the current disposition of your sentencing.

Don't forget to attach documentation from the Clerk of Court pertaining to the arrest/charges, sentencing due to the arrest and proof of successful completion of your sentencing.

VERIFICATION OF OUT-OF-STATE EDUCATION

Florida Applicant for Licensure by EXAMINATION

If you graduated from a massage therapy program approved by a state other than Florida complete the top section and send this form to your Massage Therapy program to complete and attach your transcripts.

NAME _____

ADDRESS _____

SOCIAL SECURITY # _____ DATE OF BIRTH _____

This section is to be completed by the Dean, Registrar, or Chairperson of the massage therapy program at the United States school from which the applicant graduated.

DO NOT complete this form in anticipation of program completion.

I hereby certify that: _____ successfully completed a Massage
Name of Applicant

Therapy education program at: _____ on _____
School Name Date

Street Address State Zip Code

The curriculum completed by Applicant equals or exceeds the curriculum requirements set forth in rule chapter [64B7-32.003](#) F.A.C. (Attached) Hours completed: _____

The school must be approved by a governmental agency authorized to approve massage therapy programs. _____
Name of approving agency License/certificate number

Printed name of Dean/Registrar/Chairperson of M.T. Program Date

Signature

Name of National Accreditation Entity(s): _____

Name of Program _____
Address _____

RETURN THE ORIGINAL COMPLETED FORM DIRECTLY TO BOARD OFFICE IN AN OFFICIAL ENVELOPE AND ATTACH STUDENT TRANSCRIPTS. (DO NOT send a copy of this form or use envelope if provided by applicant)

Please mail to: Florida Board of Massage Therapy,
4052 Bald Cypress Way, Bin C06,
Tallahassee, FL 32399-3256

64B7-32.003 Minimum Requirements for Board Approved Massage Schools.

(1) In order to receive and maintain Board of Massage Therapy approval, a massage school, and any satellite location of a previously approved school, must:

(a) Meet the requirements of and be licensed by the Department of Education pursuant to Chapter 1005, F.S., or the equivalent licensing authority of another state or county, or be within the public school system of the State of Florida; and

(b) Offer a course of study that includes, at a minimum, the 500 classroom hours listed below, completed at the rate of no more than 6 classroom hours per day and no more than 30 classroom hours per calendar week:

Course of Study	Classroom Hours
Anatomy and Physiology	150
Basic Massage Theory and History	100
Clinical Practicum	125
Allied Modalities	76
Business	15
Theory and Practice of Hydrotherapy	15
Florida Laws and Rules (Chapters 456 and 480, F.S. and Chapter 64B7, F.A.C.)	10
Professional Ethics	4
HIV/AIDS Education	3
Medical Errors	2

(c) An approved program must achieve a graduate passage rate that is not lower than 10 percentage points less than the average passage rate for graduates of comparable degree programs who are first-time test takers on the Board approved exam during a calendar year, as calculated by the contract testing service of the Board approved exam vendor.

(d) Apply directly to the Board of Massage Therapy and provide the following information:

1. Sample transcript and diploma; and
2. Copy of curriculum, catalog or other course descriptions;

(2) All faculty members of the massage therapy school must meet the minimum requirements of the Department of Education.

(3) Board of Massage Therapy approval shall be withdrawn or other action taken if the massage school, which it regulates under Chapter 480, F.S., and this rule:

(a) Modifies its curriculum to fall below the minimum standards set out in this rule, or fails to require its students to complete the minimum standards in order to graduate;

(b) Submits to the Board of Massage Therapy on behalf of an applicant for licensure documents containing information the school, through its owner, manager, instructors, or other employees or agents, knows to be false;

(c) Violates any standard applicable to the school pursuant to licensure by the Department of Education;

(d) Violates any applicable rule herein.

(4) A Board of Massage Therapy-approved school must notify the Board of Massage Therapy within 90 days of:

(a) Changes in curriculum; and

(b) Changes in address.

(5) Any change in ownership of a Board of Massage Therapy approved school must be approved by the Board of Massage Therapy.

(6) Beginning with graduate passage rates for calendar year 2013:

(a) If an approved program's graduate passage rates do not equal or exceed the required passage rates for two consecutive calendar years, the Board may place the program on probationary status pursuant to Chapter 120, F.S., and may require the program director to appear before the Board to present a plan for remediation. If the program is placed on probationary status the program shall remain on probationary status until it achieves a graduate passage rate that equals or exceeds the required passage rate for any one calendar year.

(b) Upon the program's achievement of a graduate passage rate that equals or exceeds the required passage rate, the Board, at its regularly scheduled meeting following release of the program's graduate passage rate by the Board

Rule 64B7-25.001

DH-MQA 1115, 11/12

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approved testing vendor, shall remove the program's probationary status. However, if the program, during the two calendar years following its placement on probationary status, does not achieve the required passage rate for any one calendar year, the Board shall terminate the program pursuant to Chapter 120, F.S.

(7) If a massage school is alleged to have violated any provision of Chapter 480, F.S. and Rule Chapter 64B7-32, F.A.C., or part therein;

(a) The Board shall inform the school of any alleged violations in writing. The school shall respond in writing and/or request to appear before the Board at the next scheduled meeting to explain any mitigating factors;

(b) If the Board determines that a school is in noncompliance, it may impose one of the following:

1. Corrective action required which shall include the time period in which the school must comply; or
2. Withdrawal of Board approval.

(c) The Board shall inform the Florida Department of Education or if an out of state school, the equivalent licensing authority, of the action taken.

Rulemaking Authority 480.035(7) FS. Law Implemented 480.033(9), 480.041(1)(b) FS. History—New 3-25-86, Amended 8-15-89, 12-22-92, Formerly 21L-32.003, Amended 10-20-96, Formerly 61G11-32.003, Amended 8-16-98, 10-30-07, 4-25-10, 5-8-12.